


FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90023 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000022981</b> <i>vek</i>			
1. Corporation Name <b>CASA VARELA INC.</b>			
Principal Place of Business <b>307 SW 33RD AVE DEERFIELD BEACH FL 33442 US</b>		Mailing Address <b>307 SW 33RD AVE #11 DEERFIELD BEACH FL 33064 US</b>	
2. Principal Place of Business 21 <b>307 SW 33rd Ave</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
23 <b>Deerfield Bch, FL</b> City & State		27 City & State	
24 <b>33442</b> 25 <b>Broward</b> Zip Country		29 30 Zip Country	
9. Name and Address of Current Registered Agent <b>VARELA, CLAUDIA 307 SW 33RD AVE DEERFIELD BEACH FL 33442</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARELA, ALBERTO</b>	1.2 NAME	
STREET ADDRESS	<b>35-11 NW 8TH AVE BAY #11</b>	1.3 STREET ADDRESS	<b>307 SW 33rd Ave</b>
CITY-ST-ZIP	<b>POMPAHO BEACH FL 33064</b>	1.4 CITY-ST-ZIP	<b>Deerfield Bch, FL 33442</b>
TITLE	<b>D.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARELA, CLAUDIA</b>	2.2 NAME	
STREET ADDRESS	<b>35-11 NW 8TH AVE BAY #11</b>	2.3 STREET ADDRESS	<b>307 SW 33rd Ave</b>
CITY-ST-ZIP	<b>POMPAHO BEACH FL 33064</b>	2.4 CITY-ST-ZIP	<b>Deerfield Bch, FL 33442</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99

CR2E034 (11/98)